

INTENTION #:

CERTIFICATE EXPIRATION DATE: ____/____/____

MARRIAGE WORKSHEET

GROOM NAME: _____

BRIDE NAME: _____

INFORMATION ONLY

PLANNED DATE OF MARRIAGE: ____/____/____

PLANNED PLACE OF MARRIAGE: _____

Facility Name

Address—Street and Number

City

Zip Code

CURRENT TELEPHONE NUMBER: () ____ - ____

IF YOU NEED TO BE CONTACTED AFTER MARRIAGE, WHAT IS YOUR PLANNED ADDRESS AFTER THE MARRIAGE:

Street and number

City

State

Zip Code

TELEPHONE AFTER MARRIAGE: () ____ - ____

NAME & TITLE OF OFFICIANT: _____

ADDRESS OF OFFICIANT: _____

Address—Street and Number

City

State

Zip Code

If the officiant is from another state, he or she must apply for and receive a commission from the Secretary of State before the marriage takes place. The Commission may be obtained from:

**SECRETARY OF STATE, COMMISSIONS DIVISIONS
MCCORMACK BUILDING—17th Floor
1 ASHBURTON PLACE
BOSTON MA 02108
(617) 727-2836**

RECEIVED

YES

NO

NOT APPLICABLE

BRIDE MEDICAL CERTIFICATE
GROOM MEDICAL CERTIFICATE
AGE ORDER
COURT WAIVER
COMMISSION

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>